

**PROJECT SEARCH INDEFINITE QUANTITY CONTRACT
REQUEST FOR TASK ORDER PROPOSAL (RFTOP)**

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| 1 | RFTOP Number | USAID/M/OAA-GH-OHA-06-08-0001 |
| 2 | Date RFTOP Issued | June 19th, 2008 |
| 3 | Issuing Office | USAID/Washington OAA/GH/OHA |
| 4 | Contracting Officer | Lisa M. Bilder (202)712-5882 lbilder@usaid.gov |
| 5 | A. Proposals to be Submitted to: B. Instructions are included in the RFTOP. | Michael Ashkouri (202)712-1818 mashkouri@usaid.gov Michael Ashkouri USAID/M/OAA/GH/OHA 1300 Pennsylvania Ave, RRB 7.09-032 Washington, D.C. 20523 |
| 6 | Questions | Questions maybe submitted to Michael Ashkouri via email only no later than 12:00 PM (Noon) EST June 30 th 2008. Should USAID/M/OAA/GH/OHA choose to respond, all questions and all responses will be shared with all IQC holders. |
| 7 | Proposals Due | No later than 12:00 PM (Noon) EST August 7th 2008 |

HIV Prevention Program Research Task Order

I. PURPOSE

The Office of HIV/AIDS of the USAID Bureau for Global Health (GH) requests task order proposals (RFTOP) under the Project SEARCH – Supporting Evaluation and Research to Combat HIV/AIDS - Indefinite Quantity Contract (IQC). Through this task order, USAID aims to establish a mechanism for HIV prevention program research and evaluation. This task order will identify and address gaps in HIV prevention programming knowledge; provide tools for developing and evaluating promising prevention intervention models; and bolster the evidence base for improving and scaling up effective HIV prevention programs worldwide.

The successful offeror(s) will: develop and test program approaches that can help overcome the many barriers to prevention; promote the utilization of research results and scale-up of effective program approaches and interventions; develop innovative methods to transfer prevention program research skills, improving the capacity of developing country institutions to conduct research and fostering a “culture” of data-and evidence-driven programming decisions, as well as test feasibility and effectiveness of program modalities in real-world conditions. The successful offeror(s) will work to advance understanding of HIV prevention at a global level and address country- and context-specific needs in strategic prevention planning, applied research, and evaluation.

II. GOALS AND OBJECTIVES

A. Goal

Improve access to and quality of HIV prevention services through applied program research.

All task order activities, both Central and Mission-funded, will contribute toward accomplishing this goal through the following objectives:

B. Objectives

1. Conduct applied program research and evaluations that aim to improve the quality, coverage and effectiveness of HIV prevention programming.
2. Promote the use of program research findings and data in HIV prevention program design, strategic planning, implementation, and revision of ongoing prevention efforts.
3. Build the capacity of local organizations, national governments, and local researchers to conduct and use applied HIV prevention research.

III. BACKGROUND

A. Task Order Structure

This Task Order will be a Cost-Plus-Fixed-Fee (CPFF) Level of Effort (LOE) task order, and will be managed out of the Technical Leadership and Research Division of USAID's Office of HIV/AIDS (OHA). The task order will include centrally-supported activities to advance global technical leadership in HIV prevention research and evaluation. Missions can access technical services for country-specific research and evaluation needs through the task order via the field support funding mechanism.

B. Collaboration with Other Programs and Partners

The task order contractor(s) will collaborate with other Washington-based OHA and GH technical assistance instruments, and with other USG implementation mechanisms at the country level. Where appropriate, and particularly for the development of evaluation protocols and the testing of innovative models, close collaboration with a broad range of PEPFAR implementing partners, other donors and researchers, local and international NGOs, host country governments, and multilateral agencies is expected so that findings and publications produced under this task order reflect a holistic approach to advancing the field of HIV prevention research and state-of-the-art programming. The contractor(s) will coordinate and collaborate with centrally managed task orders designed and implemented under AIDSTAR Sectors I and II for service delivery and local capacity building, centrally funded HIV prevention activities under C-Change on behavior change communication and normative change, as well as other relevant centrally-managed prevention program activities.

C. Period of Performance

The period of performance for this task order is five (5) years from the date of the award, subject to the contractor's performance and availability of funds. Core task order activity funds are contingent upon the availability of funding through the USAID Bureau of Global Health/Office of HIV/AIDS and field support funds from the Field Missions.

D. Geographic Coverage

The HIV prevention program research task order will be available to work in both PEPFAR focus countries and other bilateral countries. Where the project will work depends largely on Mission demand and funding availability, as country participation is entirely voluntary. Table 1 provides an illustrative list of potential countries where the task order activities are likely to be implemented (although the scope will not be limited to these countries).

Table 1: List of Potential Countries

| Africa | ANE | E&E | LAC |
|---|--|-----------------|--|
| Angola, Botswana, Cote d'Ivoire, Ethiopia, DRC, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe | China, Cambodia, India, Indonesia, Thailand, Vietnam | Russia, Ukraine | Caribbean Region, The Central American Region, Dominican Republic, Guyana, Haiti, Honduras |

This task order can be used for prevention program research in both PEPFAR focus countries and other bilateral countries. However, for the following countries, the level of field support funding provided by USAID overseas Missions **should not** exceed \$500,000 per year, except with the permission of the Contracting Officer. These countries are: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia.”

E. Funding

For the five-year period of performance, approximately 25 percent of task order activities will be funded by central (USAID/Washington) funds and 75 percent will be funded by Mission (USAID/Missions) funds, subject to availability of funds.

In general, the task order will be field-oriented, with most of its funding and efforts geared to country- or region-specific activities. Central funds from the Bureau of Global Health/Office of HIV/AIDS will support the Bureau’s key technical leadership functions of prevention program research and assessments, and technical support to the field as they apply to the task order’s Statement of Work. Activities supporting the Mission task order objectives will be supported by corresponding USAID Overseas Missions.

F. Geographic Code

The authorized geographic code for procurement of goods and services under this award is 935.

G. Branding

The Contractor is required to follow USAID guidelines on USAID branding, provided by the task order Cognizant Technical Officer. These guidelines are outlined in the USAID “Graphic Standards Manual” which are available on the USAID website at: www.usaid.gov/branding and revised and expanded ADS chapter 320 on Branding and Marking issues.

H. Subcontracts and sub-Grants

Subcontracts are allowed and encouraged in order to complete the proposed in-country or sub-regional work. USAID anticipates obtaining the authority to authorize a limited number of small grants under contract for this task order in accordance with Section H of the IQC. In conjunction with this requirement, the contractor must submit a small grants management plan within 60 days of the task order award date.

The Head of the Contracting Activity (HCA) for the ordering activity must provide written approval to allow task orders for a USAID-direct contractor to execute grants up to \$100,000 (unless a deviation is obtained to have this threshold increased) with US organizations (not-for-profits or for-profits), providing conditions in ADS 302.3.4.8 are met. For non-US organizations there is no ceiling unless a fixed obligation grant is executed in which case the ceiling is \$100,000. HCA approval is anticipated.

If not provided by USAID, the contractor shall develop grants formats and provide a field grant guide that adheres to USAID regulations (including selection criteria, competition, Contracting Officer approvals, etc.). If the grants formats and field guide are not provided before award to the Contracting Officer, the contractor shall obtain approval from the Contracting Officer within 60 days after award.

The contractor shall comply with all USAID policies, procedures, regulations, and provisions set forth in the contract and ensure

- (1) sufficient time to complete grantee audits,
- (2) sufficient time for the grantee to submit a final report to the contractor, and
- (3) sufficient time for the contractor to complete its review of the grantee and provide a final report to the government before task order close-out. All grants must be closed out no later than the end date of the task order.

IV. TASK ORDER CONTEXT

A. Prevention under PEPFAR

The prevention of the transmission of HIV is an essential component of the US President's Emergency Plan for AIDS Relief's (PEPFAR) efforts to reverse the global HIV/AIDS pandemic. Despite significant advances in access to care and treatment, 2.5 million new infections in 2007 (http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf) indicate a trajectory of need for services that will become unsustainable without revitalized efforts to prevent the spread of the virus. PEPFAR resources are expected to further increase the delivery of prevention interventions in developing countries. PEPFAR has the commitment to ensuring that prevention interventions and service delivery approaches are continuously improved over time. This commitment is consistent with the Institute of Medicine's call in their 2007 review of PEPFAR, which calls for increased program evaluation and operations research "to ensure that prevention funds are being used most

efficiently to have the greatest impact.” Applied program research is critical in this context in order to identify which prevention approaches are effective in different settings in the field, which ones are not, and why.

B. Prevention Programming, Program Research , and Research Use Challenges

Despite the urgency to scale-up and improve the quality of prevention programming in multiple epidemic settings, prevention programming and related research faces many significant challenges. At both a country and global level, the prevention community is challenged to identify programmatic approaches and strategies that can make a meaningful impact on reducing HIV incidence.

B1. Prevention Program Challenges

While HIV prevention programming has substantially expanded in recent years in terms of quality and accessibility, a myriad of challenges exists for prevention program planning and implementation. Major challenges and obstacles to program planning and reaching populations at risk with HIV prevention information and services include:

- Prevention programs are often not aligned to the local epidemic situation, often resulting in ongoing prevention programs that fail to target the key behaviors that put people at risk of infection in a community;
- HIV risk is often driven by distal social factors that are difficult to control through HIV prevention programming, including socioeconomic inequalities, social and cultural norms that overtly or tacitly accept sexual risk-taking, gender inequities, cross-generational sex, marginalization of populations at highest risk, and cultural barriers that discourage open discussion of the behavioral risks of HIV/AIDS;
- The political commitment and policy environment to support changing social norms and stigma related to HIV is often weak;
- Identifying the right combination or balance of interventions needed to plausibly reduce incidence in different epidemic, cultural, and socioeconomic contexts remains elusive (i.e. the optimal mix of interpersonal, structural, normative, media, and policy interventions to make a difference in specific settings);
- Service delivery of HIV prevention programs is often weak, lacking specificity and quality assurance of programmatic elements, and hindered by a lack of understanding on how interventions can be bundled together as part of a comprehensive prevention package, including as a component of a package of services in clinical settings;
- Implementing efficacious biomedical prevention methods have real-world limitations.
- Theoretical underpinnings have not always been adequately adapted/translated to real-world settings;
- Policy-makers and program managers often do not know how to use data for effective decision-making; and
- Prevention programs face significant human capacity constraints, often not having enough trained, qualified individuals to carry out quality programming.

Given these constraints, HIV prevention programming has not yet demonstrated much success in significantly altering the course HIV in most of the generalized epidemic settings.

B2. Prevention Research and Evaluation Challenges

Applied program research and evaluation is necessary to address many of the gaps and weaknesses in current prevention programming. However, in addition to the challenges listed above in HIV programming, HIV prevention research also faces formidable challenges. Some of the principal challenges and the programmatic contexts within which this task order will operate, and the types of concerns USAID Central and Mission-funded activities are likely to address include:

- Weak local capacity in HIV prevention program research, data analysis and use in prevention program strategizing and planning;
- Confusion over measures of evaluating prevention effectiveness and challenges of designing evaluations with behavioral and biological outcome measures;
- Sub-optimal integration of qualitative data into research protocols and poor use of formative research in subsequent program planning;
- Challenges in the validity and reliability of self-report data, as well as an over-reliance on self-reported behavior change;
- Problems with the use of biomarkers in HIV prevention evaluation, including limitations of biomarkers of recent infection used in cross-sectional samples;
- Challenges with sample size and statistical power, particularly in the context of RCTs, where long observation periods result in time lags to generate programmatically relevant findings of substantial vigor;
- Integrating and evaluating biomedical prevention modalities into behavioral change interventions;
- Challenges of evaluating programs in a context of multi-level interventions, including mass media, community mobilization, and interpersonal communications; and
- A dearth of ‘system’ evaluations to determine best practices for integrating HIV prevention into existing health, education, community, and social service systems.

B3. Prevention Research Utilization Challenges

A combination of national and local epidemiology and quality program research should play an integral role in HIV prevention policies and programs, yet research often stops at the point of publication and dissemination of results, failing to monitor how its findings are being applied. Efforts and investments in program research are only justified if utilization of emerging results can be ensured. Therefore, the task order will build upon the results from existing prevention research and new promising research findings to ensure the use of these results at a scale large enough to have an impact on prevention programs and the epidemic. Past program research efforts have been successful in establishing the evidence base for various models and approaches to prevention programming. Building quality improvement tools based on this evidence-base could substantially strengthen existing prevention program approaches and monitoring. Broader utilization of such models, however, remains a challenge. Prevention program planners and implementing partners continue to search for

program models and approaches to take successful prevention interventions to scale and to utilize emerging research results to improve their prevention programs. Development of feasible models and approaches to promote research utilization, therefore, should constitute a focus of any efforts in prevention program research. In order to effectively promote research utilization, strategies to overcome the constraints at various levels of prevention program planning and implementation need to be identified and developed.

Given the various constraints facing prevention programming and evaluation, this RFTOP challenges offerors to conceptualize a way forward to help advance the field of HIV prevention in a manner that has potential to have real-world impact on the quality and effectiveness of HIV prevention programming.

C. Task Order Focus

The primary focus of this task order is to advance understanding of prevention program modalities addressing the prevention of the sexual transmission of HIV/AIDS. This task order will additionally address comprehensive HIV prevention approaches in a variety of epidemics and across multiple settings, including implementation issues related to biomedical prevention approaches. The goals of this task order are consistent with the findings and recommendations outlined in the UNAIDS/USAID joint report from the 2007 UNAIDS Expert Consultation on Behavior Change (http://data.unaids.org/pub/Report/2007/20070430%20unaids%20expert%20consultation%20on%20behaviour%20change%20report_en.pdf).

The majority of activities under this task order will take place at the field level with efforts focused on country-specific prevention program research, evaluation, analysis, dissemination, research use, and capacity building efforts. However, several critical global leadership, technical innovation, knowledge generation and dissemination functions will be met through centrally funded activities. Such activities may include, but are not limited to, development and testing of improved prevention modalities; development of improved methodologies including standardized tools and protocols; and producing high-quality research publications of global relevance.

The priority areas of prevention which will be the focus of activities this task order are:

C1. Addressing sexual behavior and related norms in generalized epidemics.

USAID anticipates that the majority of activities undertaken through this task order will relate to the prevention of the sexual transmission of HIV in generalized epidemics.

PEPFAR has devoted considerable resources to programming in two areas of prevention – programs for youth as well as for most-at-risk populations for which some best practices and effective approaches have been developed and established. Although a more robust evidence-base is still needed, and there are clear outstanding needs to continue to strengthen youth programs and scale-up evidence-based programming for most-at-risk populations, we remain challenged to provide effective prevention programming for large subsets of the general

population who face greater infection risks. In particular, there is a critical need for comprehensive prevention programming for at-risk adults and sexually active young adults.

One of the key areas of focus of research and evaluation under this task order will be on addressing programming for the drivers of highly generalized epidemics. In the highest prevalence epidemic settings – such as those in Eastern and Southern Africa – it is now clear that the continued spread of HIV is primarily sustained through the sexual behavior of adult and young adult populations who do not consider themselves to be at elevated infection risk, and who cannot be clearly categorized as members of traditionally defined most-at-risk populations. For example, in South Africa – a country in which almost 15 percent of all new infections globally take place each year – incidence rates peak among 20 to 29 year-old women, and among 30 to 39 year-old men. There is growing scientific consensus that social and structural factors that support concurrent sexual partnerships establish efficient sexual networks in generalized epidemics that allow HIV to spread rapidly through the population without concomitantly increasing perceptions of personal risk. Although these concurrent partnerships appear to lie at the center of a “perfect storm” of factors that fuel the highest prevalence HIV epidemics, there exist exceedingly few explicit – or for that matter, proven – programmatic approaches or models to address them. The majority of ongoing prevention programs do not directly address the risks associated with concurrent partnerships. Likewise, many prevention programs lack a system to ensure quality, evaluate outcomes, and measure impact.

C2. Other critical HIV prevention program research needs.

Although sexual transmission of HIV in generalized epidemics is a clear priority, this task order will also undertake activities in other critical realms of HIV prevention:

a. Bolstering the evidence base for high-risk populations and concentrated epidemics.

In addition to focusing on the social norms and risk behaviors in generalized epidemics, gaps remain in the evidence base for effective approaches across a variety of epidemic settings. Adequate coverage and consistent application of quality approaches remain elusive in both concentrated and generalized epidemic situations, and a deeper understanding of risk and the approaches that will most effectively reduce risk are needed in a variety of environments. Continued research and evaluation to reduce the risks for commercial sex workers and their clients, injection drug users, men who have sex with men, individuals engaging in informal transactional sex, migrant workers, and other high-risk populations will be supported through this task order.

b. Exploring the use of biomedical prevention modalities.

Beyond behavior change, biomedical prevention modalities continue to emerge in prominence as key approaches that may contribute to curbing the global HIV epidemic. However, the prevention field is challenged with gaps between an

advancing understanding of biomedical prevention modalities and an understanding of the feasibility and acceptability of new, improved, or underutilized methods in various settings and working with implementing partners to address these gaps. Applied research and evaluation both to introduce and to advance the scale-up of efficacious interventions in real-world settings remains a critical need.

c. Addressing prevention in a variety of service-delivery settings.

Prevention activities take place within a variety of HIV service delivery settings, and there are critical opportunities to advance HIV prevention in settings in which HIV prevention is one of several services offered. HIV counseling and testing sites working with HIV positive and negative individuals as well as discordant couples, clinical settings, and home based care programs offering positive prevention and counseling related to discordance are just a few examples of areas where the integration of prevention is critical. However, clear strategies and approaches to achieve primary prevention goals in many service-delivery settings are not well-established. A more robust body of evidence is needed so that other HIV services may also effectively address and promote HIV prevention strategies. Human capacity constraints to deliver HIV prevention through different modalities in a variety of settings is also a critical issue needing further exploration and problem-solving.

d. Addressing emerging needs.

Although the categories above encompass many of the realms in which this task order's program research, capacity building, and promotion of research use will be applied, the successful offeror will demonstrate the flexibility to respond to emerging needs in HIV prevention from different contexts in the field as well as emerging questions of global significance in the prevention community as this dynamic field continues forward.

V. STATEMENT OF WORK

Prevention program research covered within the scope this RFTOP includes one or more of the following activities: experimental or quasi-experimental research involving a control group/area, pre- and post-test measures, and measures of outcome/effectiveness/impact; formative research relevant to design of a prevention intervention; feasibility/acceptability studies; data collection on the process of implementation of prevention interventions or service delivery approaches; secondary data analyses, data triangulation, and strategic epidemiologic situation assessments; ethnographic studies, community assessments, case studies, and other qualitative research for understanding the perspectives and prevention program needs of individuals, couples, small groups and communities, and the related prevention program delivery challenges; promotion of utilization of research results in HIV prevention programming; and capacity building of individuals and organizations in conduct and use of applied HIV prevention research.

The successful offerors(s) will support a comprehensive portfolio of prevention program

research activities that covers the continuum from assessment of existing prevention programs, identification of needs and gaps, development of new approaches, testing proposed solutions to problems through a variety of methodologies, documentation, dissemination, adaptation and utilization of successful interventions within prevention programs and capacity building. The contractor(s) will collaborate with PEPFAR prevention partners to contribute to the global body of evidence on HIV prevention program research and promote utilization of best practices that strengthen prevention program implementation.

The successful offeror(s) will expand beyond individual research and evaluation activities or capacity building exercises to develop a strategy for addressing key HIV prevention program research issues in collaboration with USAID over the course of the five-year task order. This will involve collaborating with USAID/HQ and Missions on developing priority program research challenges to address over the five years of the task order, a vision for incorporating individual activities into the larger strategy, and the ability to aggregate individual research and evaluation findings into a framework that helps to advance the understanding of how to improve and expand HIV prevention programming.

A. Key Methodologies and Approaches to Achieve Task Order Objectives

Objective A1: Conduct applied program research and evaluations that aim to improve the quality, coverage and effectiveness of HIV prevention programming.

Timely collection, analysis and use of evidence-based research is crucial for planning, implementing, monitoring, and evaluating prevention programs. Program research and evaluation can identify sound practices and determine which methods of service delivery are most cost-effective and of highest quality.

The successful offerors(s) will have the capacity to provide answers to key questions of significance across multiple countries to address current gaps in the field of HIV prevention program research and evaluation while also responding to country-specific and context-relevant requests. Research and evaluation topics will fall under one or more of the categories outlined in the “Task Order Focus” section above. The task order contractor(s) will use multiple methodologies and approaches to answer key HIV program research questions at the global and country-specific level. Offerors should describe at minimum, but not be limited to, the approaches outlined below. Although the methodologies are categorized into distinct groups, applicants should understand that many activities will include a mix of methodologies and an overlap of strategies and approaches:

1. Methodologies and approaches for conducting formative research, including ethnographic studies, qualitative research, mixed methods and situational analyses and assessments in order to inform prevention strategies and programming.
2. Strategies for developing, testing, and evaluating new models of service delivery, and comparing different models and approaches of prevention interventions, including cost-effectiveness studies, systems assessments and evaluations, as well as quality, acceptability, feasibility, and sustainability studies.

3. Methodologies and approaches to developing and conducting evaluative studies to document how programs are working, including process, outcome, and impact evaluations.
4. Approaches to data synthesis, analysis, and triangulation for prevention program priority-setting, strategic planning, and program design.
5. Strategies for addressing the measurement issues that often pose challenges to HIV prevention research, including validation of self-reported behavior change, appropriate use of biomarkers in research, and attribution of success in a multifaceted context of behavioral influences.
6. Approaches for developing and testing quality assessment and improvement tools for HIV prevention programs.
7. Plans to produce and disseminate project-related publications, including publications that describe processes and present results of evaluative studies, assessments, research, and comparison of existing and new program models, promising practices and results. These plans are not to include building a new knowledge management technology platform, as the contractor(s) will contribute to existing USAID knowledge management efforts in prevention under the AIDSTAR Sector I Task Order 1, as well as the Project SEARCH knowledge management website.

Objective A2: Promote the use of applied program research findings and data in HIV prevention program design, strategic planning, implementation, and revision of ongoing prevention efforts.

Availability of program research is necessary but not sufficient to result in high-quality, evidence-based HIV prevention programming. National and local epidemiology/surveillance data collection and quality program research often stop at the point of publication and dissemination of results, failing to monitor how these data and findings are being applied. Data and research use constraints often revolve around a disconnect between the researchers' products and the needs of the end-users, as well as lack of appropriate skills/capacity of program planners and implementers to translate research results to guide prevention program activities. Offerors should describe at minimum:

1. Approaches to providing technical guidance to prevention program planners and program managers to determine their program research needs, appropriate methodologies to use, and timely, cost-efficient, and sustainable ways to carry out program research.
2. Approaches for moving beyond research findings to document and disseminate emerging evidence, and to promote and monitor the use of research findings in future prevention program designs. This strategy should include contributing to existing knowledge management efforts in prevention under the AIDSTAR Sector I Task Order 1, as well as the Project SEARCH research knowledge management website.

3. An approach to promote and monitor the use of critical research and evaluation findings among stakeholders in relevant epidemic, political, and cultural settings.
4. Approaches to incorporate research findings into national and local prevention program priority-setting, strategic planning, and program design exercises.
5. Approaches for translating research to action through technical assistance to program planners and designers to facilitate the transition from identifying effective program models to replication and scale-up.

Objective A3: Build the research capacity of local organizations, national governments, and local researchers to conduct and use applied HIV prevention research.

The shortage of individual and institutional capacity for program research and use can adversely affect HIV prevention programming at various stages of the planning-development-implementation-evaluation-refinement continuum. Creating a “culture” of evidence-based prevention programming requires improved local capacity to conduct and use prevention program research, and there is a great demand for support in building program research capacity. The successful offeror(s) will strengthen the capacity of Missions, local institutions, host-country governments, implementing partners, and NGOs to both produce and use prevention program research.

Applicants are requested to describe approaches to the following components of capacity building for prevention research:

1. Methods for identifying and engaging key government, academic, and community structures where partnering with and capacity building in HIV prevention research and evaluation is most appropriate and plausible.
2. Strategies for advocating for investments in prevention research at multiple levels of government, academic, and community institutions.
3. Approaches to provide training, mentorship, and other local capacity building efforts so that researchers and prevention programmers in developing countries may more effectively conduct, analyze and use HIV prevention research.

VI. ANTICIPATED RESULTS AND PROGRAM MEASURES

A. Results

The HIV prevention research and evaluation task order is designed to meet the global technical leadership needs relevant to multiple countries, as well as the needs of the field missions in the area of applied prevention research and evaluation. Therefore, results should be achieved at two levels:

A1. Advancing the global methodological and evidence base of HIV prevention program research.

Results will include:

- Contributions to the peer-reviewed literature on applied HIV prevention program research and emerging best practices in collaboration and co-authorship with local researchers;
- Development, improvement and validation of tools, innovative methodologies, and protocols to conduct HIV prevention research for application in multiple countries
- Development and refinement of input, outcome and impact measures at various levels (e.g., individual, community, and population);
- Identification and dissemination of best and promising practices in HIV prevention programs and interventions, including mechanisms for information exchange, collaboration, and utilization of applied research results; and
- Participation in consultations related to HIV prevention program research with the Office of the Global AIDS Coordinator, PEPFAR prevention technical working groups, and other multilateral and normative bodies working on HIV prevention issues.

A2. Advancing country-level implementation, understanding, capacity, and use of prevention program research. These results will occur in response to performing tasks requested by specific Missions. Illustrative results will likely include:

- Formative assessment/qualitative research/situation analysis reports to help establish strategies and priorities for targeted HIV prevention program planning.
- Data triangulation and analysis for strategic planning, program design, and program modifications.
- Process, output, outcome, and impact evaluations of HIV prevention programs
- Recommendations for prioritization of interventions and approaches based on data synthesis and analysis, and consideration of local context.
- Assessments and qualitative research reports to inform current program targeting and future programming design.
- Country-level evaluations conducted in close collaboration with local partners, in-country organization, and ministries.
- Trained and mobilized HIV prevention researchers at the government/academic/local community level who are equipped to conduct research and apply results to strategic planning and program design.

B. Project Monitoring and Evaluation

Offerors should provide an illustrative performance monitoring plan (PMP) for the task order with special reference to indicators for evaluating the effectiveness of central funded activities. Describe how the PMP links to and helps achieve the overall goal and individual objectives of the task order. Offerors shall identify the approximate time frame for PMP data collection, the methods, type, and source of information to be collected for centrally funded

activities. Offerors may also propose potential indicators for integrating country-level activities into a larger strategy and aggregating individual study findings into a framework to advance the field of HIV prevention.

An efficient PMP should facilitate periodic and annual reporting and serve as both the internal and external monitoring system.

VII. DELIVERABLES AND PROGRAM MEASURES

A. Project Deliverables

The HIV Prevention Program Research and Evaluation Task Order deliverables will include:

- A compendium of promising practices and findings from all research studies and evaluations, with periodic dissemination of findings in interim reports, at a frequency to be determined in consultation with the CTO.
- Analyses of the replicability, feasibility, scale-up and sustainability of promising program models.
- A final task order report, highlighting overall findings and recommendations, and the program research, research utilization, and capacity building achievements with reference to established work plans, goals, and objectives of the task order.
- Publication of research findings in peer-reviewed journals.
- Country-specific reports based on requirements of specific activities requested by the field.

Rights to all products and deliverables will be as articulate in the IQC terms.

B. Performance Monitoring

The Contracting Officer will monitor and evaluate the contractor's overall performance through and with the assistance of the CTO or a designated Activity Manager. The PMP will be developed by the contractor in consultation with the Task Order CTO. The Task Order CTO will conduct yearly performance reviews of the contractor by using the PMP, and any other indicators mutually agreed upon by the Task Order CTO. A final performance review of Task Order will be scheduled for the final year. An external evaluation of the Task Order may be held in conjunction with any evaluations scheduled for the overall SEARCH contract.

C. Periodic Reporting

Reports include annual work plans, semi-annual and annual progress reports, and quarterly financial reports. A final report that synthesizes the work, deliverables and results of the project over the entire task order duration will be due before the task order ends. In addition to regularly scheduled meetings with the task order CTO, the offeror should provide regular, informal briefings to USG Washington and USG in-country contacts on the principal activities and accomplishments throughout the implementation period. A knowledge management and task-order reporting technology system is currently under development for

all Project SEARCH task orders. The Cognizant Technical Officer may direct the contractor to submit any of the following reports via the reporting system once it is operational.

The applicant will be required to submit the following periodic reports, submitted in a structure as directed by the CTO:

1) Annual Work Plan and Projected Expenditures:

Within 60 days after the award of the Task Order, the Applicant will submit a work plan and projected expenditures broken down by quarter for the first year. The work plan will be finalized in consultation with the CTO.

2) Performance Monitoring Plan:

The Task Order Contractor(s) will submit a performance monitoring plan within 60 days after the award of the Task Order.

3) Semi-Annual Progress Reports:

The applicant will provide semi-annual reports. The report should cover all activities proposed in the work plan and should report on progress made and on plans for the next reporting period. The semi-annual progress reports shall contain the following information at a minimum:

- a) A summary of activities undertaken under the task order, progress made, results achieved and trends noticed during the reporting period;
- b) Data on all indicators established in the performance monitoring plan for the core and field activities;
- c) A comparison of actual accomplishments with the goals and objectives established for the period;
- d) A description of the processes undertaken to complete key activities in the reporting period, including key players, timelines, major obstacles, and changes in implementation of activities based on realities in the field;
- d) A discussion of problems encountered, reasons why established goals were not met, if appropriate, and how challenges or problems will be overcome during the next reporting period;
- e) A comparison of actual expenditures with budget estimates, including analysis and explanation of high unit costs or major variations from the budget, and any other pertinent information;
- f) Priorities and schedule for programming during the next reporting period.

The reports should include financial reports that should contain, at a minimum, the following:

- a) total funds awarded to date by USAID into the task order;
- b) total funds previously reported as expended by contractor by major and sub-major line items;
- c) total funds expended in the current quarter by major line items;
- d) total un-liquidated obligations by major line items; and
- e) un-obligated balance of USAID funds; and
- e) proposed expenditures for the next quarter.

4. Final Report:

The final report should highlight accomplishments against the overall goal and objectives of the task order. The report should include: an executive summary of the project's accomplishments in achieving the objectives and conclusions about areas in need of future assistance; an overall description of the project's activities and attainment of objectives by country or region, as appropriate; an assessment of progress made toward accomplishing the overall goal; significance of these activities; important prevention research evidence findings and recommendations; address lessons learned, best practices, and other findings during implementation; and suggest ways to resolve constraints identified. The report should also include an annex of lessons learned and recommendations for follow on program research that might complement the completed Task Order work.

The final report must be submitted to the CTO for this Task Order, the CTO of Project SEARCH and Contracting Officer (CO).

VIII . PERSONNEL

A. Key Personnel

Offerors are requested to develop a comprehensive staffing plan to accomplish the Statement of Work and the plan should demonstrate an appropriate balance of skills, expertise, efficiency, and representation of local staff. The key qualifications for this RFTOP include skills and experience in applied program research, management of USAID contracts or cooperative agreements, translation of research into practice/policy, technical assistance for service delivery scale-up, capacity-building, monitoring and evaluation, and dissemination and utilization of research results. Offerors must specify the positions that should be designated as Key Personnel and provide resumes of the candidates proposed for such positions. In addition, offerors should specify the qualifications and abilities of proposed key personnel relevant to successful implementation of proposed technical approach.

Resumes for all key personnel and any additional information for all other proposed personnel should be included in an annex. For all key personnel, please include a letter of commitment from the candidate indicating her/his: a) availability to serve in the stated position; b) intention to serve for a stated term; and c) agreement to the compensation levels which correspond to the levels set forth in the cost proposal.

Offerors should: 1) provide a full staffing plan, including both implementation and technical support staff, with underlying rationale, an organizational chart indicating lines of authority and staff responsibility accompanied by position descriptions for each position proposed; 2) if being proposed, provide the rationale for the use of consultants and/or locally-hired, long-term resident advisors; 3) propose and justify the configuration of proposed key staff positions in addition to or in substitution of those described below; and 4) provide a matrix of all personnel that is linked to the LOE chart indicating the relevant skills they bring to the

performance of this program and the percent time they will work on this activity. Accompanying examples of other proposed personnel or consultants beyond key personnel should be limited to no more than 4 individuals per any primary area of expertise, to demonstrate breadth of other proposed personnel without providing an exhaustive collection of individuals.

USAID reserves the right to adjust the level of key personnel during the performance of this task order. An illustrative list of possible key personnel positions and qualifications is shown below (offerors shall choose a staffing structure and determine additional qualifications of key staff based on their proposed technical and management approach).

1. Task Order Project Director (part-time, 30-50% LOE, US-based)

- Proven record of excellent management, technical leadership, and decision making to ensure adequate technical and managerial oversight of the task order.
- Demonstrated international credibility as a leader and visionary on matters of HIV prevention program and policy research, analysis, use and dissemination in developing countries.
- Advanced degree (masters minimal; PhD/DrPH/MD preferable) in a relevant subject area such as public health, social sciences, epidemiology, medicine, and/or management.
- At least 10 years senior level experience working in monitoring and evaluation of public health programs in developing countries, preferably including experience in capacity building in monitoring and evaluating health programs.
- Demonstrated success managing international research and/or development projects of this scope and complexity for at least 5 years.
- Experience interacting with developing country government officials, international organization representatives, other bilateral donor and civil society staff.

2. Deputy Project Director (full-time, US-based)

- Proven record of excellent management, leadership, decision-making and interpersonal skills.
- Advanced degree (minimum masters, doctoral degree preferable) in public health, social sciences or related field
- Relevant program experience in the area of HIV prevention and social science/behavioral research.
- Extensive experience (minimum of five years) in monitoring and evaluating health programs in developing countries.
- Demonstrated experience with and understanding of PEPFAR monitoring and evaluation requirements.
- Experience interacting with USG agencies, host country governments, and major multi-lateral donors is preferred.
- Ability to work with and manage a diverse international team.
- Availability to travel overseas up to 20% of the time.

3. Senior Advisor for Analysis, Utilization, and Dissemination (full-time, US-based)

- Advanced degree (minimal masters; doctoral degree preferable) in public health, social sciences or related field.
- Minimum 7 years experience in social science research.
- Demonstrated record of peer-reviewed publications.
- Demonstrated skills in program research, data analysis, and communicating research findings to both technical and non-technical audience.
- Excellent written and communication/presentation skills.
- Experience in translating research into programming and communicating research findings to program managers, program planners, and policy makers in developing countries.
- Availability to travel overseas up to 30% of the time.

B. Other Personnel

Provide an illustrative roster of other headquarters and in-country program staff and other non-U.S.-based experts who are likely to assist with program research activities and can be called upon to assist with the program research, utilization, and capacity building activities envisioned in the task order on an as-needed basis.

IX. INSTRUCTIONS TO OFFERORS

1. Technical Proposal

Technical proposal must be specific, complete and presented concisely. The technical proposal must demonstrate the offeror's capabilities, expertise, and commitment with respect to achieving the goal and objectives of the task order. The proposals must take into account the technical selection criteria and evaluation procedures described below. The technical portion of the proposal must not exceed 30 pages, excluding attachments. Proposals must be on pages of 8-1/2 inch by 11-inch paper, single-spaced, 12-point or larger type in a single column, with one-inch margins on all sides, with tabs to distinguish each section. An outline format using lists and/or matrices, whenever possible, is recommended. Offerors must include resumes of proposed key personnel (four pages maximum per resume) and other proposed staff (three pages maximum per resume, with no more than 4 examples of potential consultants and staff per proposed position/area of expertise) in an annex. Cover pages, dividers, table of contents, and attachments (i.e., key personnel resumes, and letters of commitment) do not count against the 30-page limitation.

The offerors should submit **one original and three hard copies** of the technical proposal. Please submit an electronic copy of the technical proposal in Microsoft Word 2003 format on CD and via email. Offerors should index sections in a Table of Contents. USAID must receive both the electronic copies (CD & email) and the hard copies by the submission deadline for the proposal to be eligible for consideration. Hard copies, CDs and email submission of both the technical and cost proposals must be submitted to the location indicated in the cover letter accompanying this RFTOP and by the date and time specified.

To facilitate efficient review of proposals, offerors must organize the technical proposal in the format specified below.

Technical Proposal Format

Cover Page – Title, names of organization(s) submitting proposal, contact person, telephone and fax numbers, address and email. This page is not included in the 30 page maximum.

Executive Summary (not to exceed 3 pages) – Briefly describe the proposed activities, goals, purpose, technical strategies and methodologies, and anticipated results. Briefly describe the technical and managerial resources of your organization. Describe how the overall program will be managed and how the program will meet the overall goal and objectives of the task order.

Narrative (not to exceed 27 pages) - The narrative section of the proposal should address the task order goals and objectives and reflect the tasks outlined in Section V and contain the following elements:

A. Technical Approach (not to exceed 17 pages)

A1. The overall technical approach for achieving the goal of improving access to and quality of HIV prevention services through prevention program research (not to exceed 3 pages)

Offerors should provide a comprehensive discussion of HIV prevention programming challenges in developing countries and technical approaches and strategies to achieve each objective of the task order with a mix of central and mission funded activities. Offerors shall describe their vision for advancing the field of HIV prevention through this task order. This overall technical approach should provide a framework through which individual activities carried out under each objective would contribute to an aggregate research program that helps to advance the understanding of how to improve and expand HIV prevention programming, including overcoming challenges, catalyzing paradigm shifts, establishing a robust evidence base, and building consensus among prevention stakeholders. The technical approach should also describe what the offeror will aim to feasibly/realistically accomplish over 5 years of HIV prevention program research and the likely impact to HIV prevention programs in developing countries, including discussion of the following issues:

- A brief assessment of the current state of HIV prevention programming in developing countries and related program research needs and priorities
- The vision of a Prevention Research Task Order, in the above context, including expected results at the end of five years
- Overall approach to collaborating with USAID/Washington, PEPFAR USG country teams, host country governments, local implementing partners, and other donor agencies for identification and prioritization of prevention program research needs, research implementation, utilization, and capacity building

A2. Objective 1: Conduct applied program research and evaluations that aim to improve the quality, coverage and effectiveness of HIV prevention programming (not to exceed 7 pages)

Technical approaches to achieve Objective 1: Offerors may propose insightful, technically sound activities to identify, develop, and test solutions to HIV prevention programmatic issues. The technical approach should demonstrate offeror's potential ability to increase efficiency of applied HIV program research through the development and use of a range of methodologies. Offerors should outline a priority list of the key prevention program research questions of global relevance that fall within the 2 categories from the "Area of Focus" section (section IV-C) of this RFTOP. Offerors should include at least one example of a priority research issue in the area of the sexual transmission of HIV/AIDS, and should include a listing of priority topics in the 4 other areas listed under the "other critical needs" category. Offerors should describe a mix of program research design, methodologies, and measurement issues that will be used to address priority questions. The discussion should focus on key methodologies and approaches described in the statement of work (Section V-A1), and should include a discussion of approaches that may be applied in multiple countries or settings.

Offerors should also discuss the kinds of activities they would undertake with mission support funds. Although many methodologies that will be used for central activities will also be applicable to mission supported activities and vice versa, offerors should describe specific methodologies that will likely be applied in many field research and evaluation activities. For both central and mission funded activities, offerors should describe how host-country governments, PEPFAR implementing partners, and USG staff in the field and at headquarters will be engaged in the implementation of these activities. Offerors should also describe how they will work with USG personnel to rationalize their own priority prevention program research questions with the research and evaluation priorities of the USG and PEPFAR.

USAID challenges the offerors to propose program research activities and suggest indicators at the highest level that would be feasible to achieve in a five-year program. Thus, the offerors may concentrate centrally funded HIV prevention program research activities in a few priority countries for maximizing efficiency. This, however, does not preclude accepting mission support for working toward achieving individual objectives in more countries and responding to specific Mission needs.

A3. Objective 2: Increase the use of HIV/AIDS research findings and data in HIV prevention program design, strategic planning, implementation, and revision of ongoing prevention efforts (not to exceed 4 pages)

Technical approaches to achieve Objective 2: Results and findings of research and evaluation activities carried out under Objective 1 should aim to influence appropriate prevention program implementers and local partners to utilize the results of research to improve prevention program services and inform policy in line with illustrative approaches described in Section VA2. The offerors shall describe:

- Illustrative examples of results from previous research that are currently underutilized and have the potential for improving the performance of HIV prevention programs;
- Methodologies/approaches for increasing utilization of results from previous research and results from research and evaluations under this task order;
- Methodologies for capturing, synthesizing and promoting lessons learned in the field – not just those of USAID centrally-funded and Mission bilateral prevention programs, but of programs supported by other donors, organizations and host-country governments. This description should not include the creation of a new knowledge management technology forum, as the successful offeror(s) will be required to contribute to the larger Project SEARCH website, work with AIDSTAR Task Order 1 contractor to share pertinent information, as well as with other country-level dissemination routes; and
- Approaches to working with USG prevention staff in country, implementing partners, and host country staff to assist in making short-term revisions to program designs, portfolio-level strategies, and policy decisions based on key research findings.

A4. Objective 3: Build the research capacity of local organizations, national governments, and local researchers to conduct and use applied prevention research (not to exceed 3 pages)

Technical approaches to achieve Objective 3: Offerors are challenged to present approaches for contributing significantly to the global dialogue on HIV prevention program and evaluation, including improving the capacity of researchers in developing countries to conceptualize, conduct, and disseminate HIV prevention program research. Offerors should describe approaches to capacity building at multiple levels and in different fora, including, but not limited to: host country governments, local academic institutions, and community structures and organizations. Offerors should include specific country-level examples and specific capacity-building activities to be implemented (in line with approaches and strategies shown in Section VA3), as well as an illustrative list of organizations and institutions to be considered for capacity building within the countries selected for illustrative purposes. Offerors should describe their approach to collaborating with host-country governments and counterparts, service delivery cooperating agencies (CAs), USAID/Washington and Missions, and other donors for capacity building purposes.

B. Staffing, Management, and Collaboration (not to exceed 8 pages)

***B1. Staffing & Management* (not to exceed 6 pages)**

Staffing

Offerors should provide a summary description of roles, responsibilities and qualifications of all key personnel, headquarters and in-country, to be funded under the task order. Offerors should specify qualifications and abilities of proposed Key personnel relevant to successful implementation and include resumes for key candidates. Resumes should not exceed three pages in length and should be in chronological order starting with most recent experience.

Offerors may provide, as an annex, a matrix charting skills and expertise of proposed staff that meet the requirements of the tasks in the SOW. Offerors should include a list of the key personnel proposed for this SOW, as well as their time commitment to the project.

Key staff: An illustrative list of possible key personnel positions is shown below (offerors shall choose a staffing structure and determine additional qualifications of key staff based on their proposed technical and management approach):

Task Order Project Director (part-time, US-based)

Deputy Project Director/Technical position (full-time, US-based)

Senior Advisor for Analysis, Utilization, and Dissemination (full-time, US-based)

Other staff: Provide a roster of other program staff, in-country staff, and other non-U.S.-based experts who are likely to assist with program activities and can be called upon to assist with the program research, utilization, and capacity building activities on an as-needed basis. Offerors should propose a combination of headquarters, regional and/or international staff and consultants. The use of local staff is strongly encouraged, as are proposals for building the capacity of investigators in the field to conduct prevention program research and evaluation. Offerors should make maximum use of in-country nationals for the implementation of research and technical assistance activities and in local leadership positions in the project. Likewise, offerors should make maximum use of local consultants, as appropriate. Accompanying examples of other proposed personnel or any primary consultants beyond key personnel should be limited to no more than 4 individuals per area of expertise, to demonstrate breadth of other proposed personnel without providing an exhaustive collection of individuals

The following are illustrations of the types of expertise that may be drawn upon to complete various central and mission activities in the applied prevention program research task order.

Table 2
Illustrative areas of expertise for staff and consultants

Behavior change communication
Epidemiology
Gender
Biomarkers
Statistics
Data analysis
Monitoring and evaluation
Research design
Survey methods
Sociology
Psychology
Anthropology
Ethnography/Qualitative research

Adolescents and youth
Health systems
Human subjects
Most-At-Risk-Populations
Human capacity
Men who have sex with men
Sex workers
Male circumcision
Alcohol
Injection Drug Users
IDU
Non-injecting drug users
Research dissemination
Knowledge management
Policy analysis
HIV Counseling and testing
Infection prevention and medical transmission prevention
Biomedical prevention methods
Community mobilization
Quantitative methods
Curriculum Development

Management

Offerors should demonstrate their organizational ability to plan, implement and support programming in the range of activities outlined in the RFTOP. They should propose an organizational structure to address the breadth, depth and technical areas required to successfully undertake prevention research and evaluation tasks. The management plan should describe the management and administrative arrangements for implementation of the task order, including organizational structure, personnel management, and timely institutional review for the protection of human subjects. Summarize how the offeror will respond to Mission requests for prevention program research activities and describe how the offeror will use local in-country staff and resources. Offerors should describe how tasks will be organized and managed to minimize non-productive costs to the government and how the applicant will utilize complementary capabilities of any proposed sub-contractors most effectively and efficiently. Offerors should describe how lines of authority will be managed within their own organization and between the prime contractor and any sub-contractors. Include a plan for how to minimize costs on centrally funded and mission support activities. Offerors are encouraged to include an organizational chart in an annex. Offerors should describe their approach to rapid start-up of activities in the field.

B2. Collaboration (not to exceed 2 pages)

Coordination and communication with a wide range of stakeholders, USAID Missions, other USG PEPFAR staff in country, public/private sector partners, other CAs, and other donors is key to the achievement of the strategic goal of this task order. The technical proposal should reflect a willingness to coordinate with a range of organizations and to utilize diverse human

resources effectively in order to achieve implementation of highest priority prevention research and broad-scale utilization of research results. Offerors should demonstrate the ability to form partnerships with a range of research and policy/advocacy organizations in the US and host countries. They should describe plans for collaboration with USAID staff at HQ and in the field, as well as proposals for collaboration with partners implementing prevention programs, with host country governments, and with other donors. In particular, describe collaboration with local partners in the context of capacity building. Offerors in particular may describe an illustrative plan to collaborate with other USAID centrally-managed prevention program activities.

C. Performance Monitoring Plan (not to exceed 2 pages)

Offerors should provide an illustrative performance monitoring plan (PMP) with indicators that will be used to evaluate the success/effectiveness of centrally funded global technical leadership activities. Also include potential indicators for integrating country-level activities into a larger strategy and aggregating individual study findings into an overall strategic framework. Describe how the PMP links to and helps achieve the overall goal and the three objectives of this task order. A table with PMP indicators and the methods, types, sources and approximate timing of data collection for these indicators may be included in an appendix.

2. Cost Proposal

The Cost Proposal must be completely separate from the applicant's technical proposal. There is no page limitation on the Cost Proposal. Offerors shall submit a cost proposal for a 60-month task order operating period (starting October 1, 2008). Offerors shall submit their cost proposal in Microsoft Excel format with full access to all formulas and in the following Contract Line Item Number (CLIN) format, by country and by operating period as well as a summary for all countries and for the overall period of performance. The following minimum cost breakdown should be provided: Salary and wages with detailed LOE, Fringe Benefits, Consultants, Travel, Transportation and Per Diem, Equipment and Supplies, Subcontracts, Grants under Contract, Other Direct Costs, Overhead, G&A, Material Overhead, Fee and any other Indirect Cost. Please break out the LOE per CLIN as applicable. For example, CLIN 1 (Salaries) should have an LOE chart for the 25% core funding component and an LOE chart for the 75% field funding component for five years of implementation. USAID will set the standard of Full Time Equivalent (FTE) of 260 working days/year. USAID anticipates ordering 9.0 FTEs/year for the core funding and 40.0 FTEs/year for field support funding for five years of task order. Offerors must propose costs that are realistic and reasonable for the work in accordance with their respective technical proposals. The Cost Proposals should have a cover page with the title of the program, name of the organization(s) submitting the Proposal, contact person, telephone numbers, address, and e-mail. Cost proposal must be accompanied by detailed and comprehensive budget narrative in a word format with no page limitation.

Cost Proposal Format

Offerors should submit two (2) hard copies, and an electronic copy on CD as well as via email in Microsoft Word 2003 for the narrative and budget notes, and in Microsoft Excel 2003 for the budget tables. Adobe Acrobat files for tables will not be accepted.

To support the proposed costs, please provide detailed and comprehensive budget narrative for all costs that explains how the costs were derived as a word document. The following provides guidance on what is needed:

- a. Salary and Wages: Direct salaries and wages should be proposed in accordance with the offeror's personnel policies;
- b. Fringe Benefits: If the offeror has a fringe benefit rate that has been approved by an agency of the U.S. Government, such rate should be used and evidence of its approval should be provided;
- c. Travel and Transportation: The proposal should indicate the number of trips, domestic and international, and the estimated costs. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Per diems should be based on the offeror's normal travel policies;
- d. Field office costs: Costs associated with running a field office excluding personnel, Indirect Costs and Fringe Benefits.
- e. Equipment: Estimated types of equipment (i.e., model #, cost per unit, quantity);
- f. Supplies: Office supplies and other related supply items related to this activity;
- g. Contractual: Any goods and services being procured through a contract mechanism;
- h. Grants under Contracts (field support/ Mission funding only): The amount for grants under contracts is fixed for this task order - \$200,000 per year for first three years of implementation only;
- i. Other Direct Costs: This includes communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the applicant's fringe benefits), equipment, office rent abroad, etc. The narrative should provide a breakdown and support for all other direct costs;
- j. Indirect Costs: The offeror should support the proposed indirect cost rate with a letter from a cognizant U.S. Government audit agency, a Negotiated Indirect Cost Agreement (NICRA), or with sufficient information for USAID to determine the reasonableness of the rates. (For example, a breakdown of labor bases and overhead pools, the method of determining the rate, etc.);

k. Fixed fee: Proposed fee, if any, not to exceed the ceiling set forth in the IQC.

Separately should be submitted:

a. Breakdown of the costs for centrally funded activities and mission activities - Offerors' must provide separate budget tables that identify central funding cost components, mission cost components, and a summary total cost table for the 5 year task order.

b. Detailed level of effort (LOE) and labor cost estimates must be submitted in accordance with the SOW split by year. Please provide a separate line item for each proposed individual and identify by name, labor category, daily rate and level of effort. Offerors should use the USAID biographical data form (AID 1420-17) to support proposed rate. The total amount of LOE levels are provided below for all positions (US-based and overseas) under this task order. Project Director, Deputy Project Director, and other senior task order technical personnel are considered "Technical/Management" staff. "Support" staff will include mid/lower level personnel involved in field implementation, data collection, data processing, and project support activities. FSN/TCN staff may fall under either of these two categories.

| FTE Core/Person Years | | |
|------------------------------|--------------|------------------|
| US-based | FTE Per Year | FTE Total |
| Technical/Management | 6 | 30.0 |
| Support/Consulting | 3 | 15.0 |
| Total | 9 | 45.0 |

| FTE Field/Person Years | | |
|--|--------------|------------------|
| Overseas | FTE Per Year | FTE Total |
| Technical Experts/Management (Expatriates) | 6 | 30.0 |
| Technical Local Experts/Management (Local Nationals) | 14 | 70.0 |
| Support/Consulting (Local Nationals) | 20 | 100.0 |
| Total | 40 | 200.0 |

TOTAL CENTRAL & MISSION

245.0

c) A current resume and USAID bio data form, in sufficient detail to support the proposed Functional Labor Category, for all U.S. and professional non-U.S. personnel;

- d) A certification of salary for all proposed CCN Direct Labor;
- e) A certification that no USAID employee has recommended the use of an individual subcontractor under the proposed Task Order who was not initially located and identified by your organization.

3. Unnecessarily Elaborate Proposals

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective proposal in response to this RFTOP may be construed as an indication of the contractor's lack of cost consciousness. Elaborate artwork, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

4. Task Order Award

The Government may, without discussions or negotiations, award a task order resulting from this RFTOP to the responsible contractor(s) whose proposal conforms to this RFTOP and offers the best value to the U.S. Government. Therefore, the initial proposals should contain the contractor's best terms from a cost and technical standpoint. However, the U.S. Government may reject any or all proposals, accept other than the lowest cost proposal, and waive informalities and minor irregularities in proposals received, should it be in the best interest of the U.S. Government.

Although technical evaluation factors are significantly more important than cost factors, the closer the technical evaluations of the various proposals are to one another, the more important cost considerations become. The Contracting Officer may determine what a highly ranked proposal based on the technical evaluation factors would mean in terms of performance and what it would cost the Government to take advantage of it in determining the best overall value to the Government.

5. Authority to Obligate the Government

The Task Order Contracting Officer (TOCO) is the only individual who may legally commit the US Government to the expenditure of public funds. The contractor may not incur costs chargeable to the Task Order proposal may be incurred before receipt of either a contract signed by the TOCO or a specific, written authorization from the TOCO.

X. EVALUATION CRITERIA

These technical evaluation criteria have been tailored to the requirements of this RFTOP to allow USAID to choose the highest quality proposal. These criteria serve as the standard against which the Technical Evaluation Committee (TEC) shall evaluate all acceptable proposals. USAID will award to the Offeror whose proposals best meet(s) the Scope of Work description and Performance Standards and represent(s) the best value to the U.S. Government.

The proposals will be evaluated for the following three criteria in descending order of weight: A) technical approach and B) staffing, management and collaboration, and C) performance monitoring plan.

Proposed costs shall be evaluated for reasonableness and consistency with the technical proposal. This analysis is intended to determine the degree to which the costs included in the cost proposal are fair and reasonable; and reasonableness of proposed labor rates and fee. Technical evaluation factors are more important than cost factors in determining the award. Cost may be the determining factor where proposals are essentially of equal technical merit. The overall standard for judging cost will be whether the proposal presents the best value for the cost. The cost proposal will be judged on: a) whether it is realistic and consistent with the technical proposal; b) overall cost control; and c) amount of proposed fee.

The Government may award a task order without discussions with offerors in accordance with FAR 52.215-1, to the responsible applicant whose proposal conforms to this RFTOP and offers the best value. However, the Government reserves the right to conduct discussions if later determined by the Contracting Officer as necessary. Therefore, each initial proposal should contain the Offeror's best terms from a cost or price and technical standpoint.

Adjectival Ratings

Proposals will be evaluated based on adjectival ratings.

OUTSTANDING: The proposal exceeds the fullest expectations of the Government. The offeror has convincingly demonstrated that the evaluation requirements have been analyzed, evaluated, and should result in an outstanding, effective, efficient, and economical performance under the contract. A comprehensive and thorough proposal of exceptional merit. No deficiencies or significant weaknesses have been found

When applied to criteria and/or the proposal as a whole, an outstanding rating indicates that there are no deficiencies or significant weaknesses exist within any sub-criteria that represent a performance risk within the criteria and/or the proposal as a whole.

VERY GOOD: A proposal demonstrating overall competence. Meets all RFP minimum requirements and exceeds requirements in some areas but not all. No deficiencies or significant weaknesses have been found. Strengths outbalance any weaknesses that exist. No more than a few minor weaknesses have been identified that are easily correctable and do not represent a performance risk.

When applied to criteria and/or the proposal as a whole, a very good rating indicates that there are no deficiencies or significant weaknesses exist within any sub-criteria that represent a performance risk within the criteria and/or the proposal as a whole. No more than a few minor weaknesses have been identified within the criteria and/ or proposal and these are easily correctable and do not represent a performance risk.

GOOD: The proposal is reasonably sound and meets the RFP minimum requirements. The proposal may contain weaknesses and/or significant weaknesses that are correctable but no deficiencies. If any weaknesses and/or significant weaknesses are noted, they should not seriously affect the offeror's performance.

When applied to criteria and/or the proposal as a whole, a good rating indicates that there are no deficiencies within the criteria and/or proposal that will represent a performance risk. Any significant or minor weaknesses that have been identified within the criteria and/or proposal are correctable. They should not seriously affect the offeror's performance.

MARGINAL: The proposal demonstrates a shallow understanding of the requirements and approach and marginally meets the minimal requirements for acceptable performance. The proposal contains weaknesses and/or significant weaknesses and may contain deficiencies. If deficiencies exist, they may be correctable with a significant revision of the proposal. The offeror may complete the assigned tasks; however, there is a moderate risk that the offeror will not be successful.

When applied to criteria and/or the proposal as a whole, a marginal rating indicates that there are deficiencies and/or significant weaknesses within the criteria and/or proposal that represent a moderate performance risk. Only a significant revision of the proposal would correct these areas of concern.

UNACCEPTABLE: The proposal fails to meet a minimum requirement or contains a major deficiency or major deficiencies. The proposal is incomplete, vague, incompatible, incomprehensible, or so incorrect as to be unacceptable. The evaluator feels that the deficiency or deficiencies is/are uncorrectable without a major revision of the proposal. The deficiencies, weaknesses and/or significant weaknesses represent a high risk and would seriously affect the offeror's performance.

Source Selection

(a) The overall evaluation methodology set forth above will be used by the contracting officer as a guide in determining which proposal(s) offer the best value to the U.S. Government. In accordance with FAR 52.215-1, award will be made by the contracting officer to the responsible offeror(s) whose proposal(s) represents the best value to the U.S. Government after evaluation in accordance with all factors and sub-factors in this solicitation.

(b) This procurement utilizes the tradeoff process set forth in FAR 15.101-1. If the contracting officer determines that competing technical proposals are essentially equal, cost/price factors may become the determining factor in source selection. Conversely, if the contracting officer determines that competing cost/price proposals are essentially equal, technical factors may become the determining factor in source selection. Further, the contracting officer may award to a higher priced offeror if a determination is made that the higher technical evaluation of that offeror merits the additional cost/price.

A. Technical Approach (60%)

A1. Overall Technical approach (10%)

Extent of understanding of, and framing a response to the overall goals and objectives of the task order technical aspects of prevention program research, results dissemination and utilization, and local capacity building. Overall merits (responsiveness, technical clarity, analytic depth, technical knowledge, developing country knowledge, program relevance, strategic vision, collaboration, and feasibility) of approaches and strategies to achieve the goals and objectives of the task order

A2. Technical approaches to achieve Objective 1 (25%)

Technical and creative merit of approaches and strategies to identify, develop, and test solutions to HIV prevention program planning, implementation, and service delivery issues. Technical merit of approaches and strategies for developing tools and methodologies, testing service delivery models, and evaluating program quality, effectiveness, and impact. Overall global technical leadership vision including prevention program research priorities and expected results at the end of five years. Technical merit of approaches and strategies for carrying out field support activities, and methodologies for capturing, synthesizing and promoting lessons learned in the field. Overall feasibility and technical merits of proposed global technical leadership and country-specific program research approaches and the strategic vision to integrate them.

A3. Technical approaches to achieve Objective 2 (15%)

Offeror's awareness and understanding of program research utilization needs in specific contexts; challenges in enhancing research utilization in these contexts; and the extent to which the proposed solutions are feasible and technically appropriate for those contexts. Extent to which the proposed research synthesis and dissemination strategy and methodologies align with the needs (specified in criterion A3) and promise likely success in meeting the task order objective at various stages of the program planning-implementation-evaluation-refinement continuum.

A4. Technical approaches to achieve Objective 3 (10%)

Offeror's awareness and understanding of barriers to building individual, institutional and community capacity and sustainability in prevention program research, and feasibility of proposed approaches to overcome these barriers. Technical and creative merit of approaches to build the capacity of public and private host country institutions and individuals to produce and use program research results.

B. Staffing, Management, and Collaboration (30%)

B1. Staffing & Management (20%)

Demonstrated technical experience and expertise of key staff in HIV prevention program research and evaluation; project management; and design and implementation of complex international research programs. Ability of key staff to assume program research and evaluation technical leadership roles and effectively manage program research efforts in-country, including coordination and collaboration with host-country government, USG country team and implementing partners. Optimal mix and configuration of required skills and in-country national staff (demonstrated in organizational chart) for a functional team approach and for maximizing efficiency, collaboration, capacity building, and minimizing cost. Feasibility of management structure for implementation of task order requirements, including technical oversight, personnel management, financial management, and logistic support; offerors' proposal for rapid start up of task order activities in the field.

B.2. Collaboration (10%)

Merit of proposed plans for collaboration with USAID staff at HQ and in the field, PEPFAR USG team in-country, partners implementing prevention programs, local research organization, host country governments, other donors, and international normative bodies. Plans for collaborations for dissemination and utilization of research results, knowledge management and other policy communication; and plans for involvement of local partners and organizations in the implementation of prevention program research and potential capacity building efforts.

C. Performance Monitoring Plan (10%)

Responsiveness and feasibility of the performance monitoring plan in relation to the overall goal and objectives of the task order. Appropriateness and innovation in the type and level of proposed results to be achieved under each objective, the related indicators, and their feasibility.